

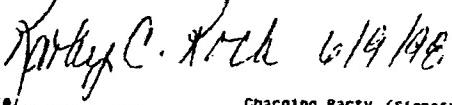
EXHIBIT A

| CHARG. F DISCRIMINATION | | AGENCY | CHARGE NUMBER |
|---|---|--|-------------------------------|
| This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form. | | <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC | Amended 120980900 |
| <u>MD. Commission on Human Relations</u> State or local Agency, if any | | and EEOC | |
| NAME (Indicate Mr., Ms., Mrs.) <u>Mrs. Kathy C. Koch</u> | HOME TELEPHONE (Include Area Code) <u>(301) 596-1011</u> | | |
| STREET ADDRESS <u>6172 Devon Drive, Columbia, MD 21044</u> | CITY, STATE AND ZIP CODE <u>CITY, STATE AND ZIP CODE</u> | DATE OF BIRTH <u>04/18/47</u> | |
| NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.) | | | |
| NAME <u>L A Weight Loss Centers</u> | NUMBER OF EMPLOYEES, MEMBERS <u>Cat D (501 +)</u> | TELEPHONE (Include Area Code) <u>(215) 328-9250</u> | |
| STREET ADDRESS <u>255 Business Center Drive, Suite 150, Horsham, PA 19044</u> | CITY, STATE AND ZIP CODE <u>CITY, STATE AND ZIP CODE</u> | COUNTY <u>091</u> | |
| NAME | TELEPHONE NUMBER (Include Area Code) | | |
| STREET ADDRESS | CITY, STATE AND ZIP CODE | COUNTY | |
| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) | | | |
| <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify) | | DATE DISCRIMINATION TOOK PLACE EARLIEST <u>03/06/98</u> | LATEST <u>03/12/98</u> |
| <input type="checkbox"/> CONTINUING ACTION | | | |
| THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)): | | | |
| <p>I. I was hired as an Area Corporate Trainer on October 17, 1997, and because I complained that about the employer's failure to hire qualified male applicants, I was disciplined (March 06, 1998) and discharged (March 12, 1998).</p> <p>II. I was informed that I was disciplined because of ineffective training. No reason was given for the discharge.</p> <p>III. I believe that I have been discriminated against, because of retaliation for opposing a protected activity, in violation of Section 704(a) of Title VII of the Civil Rights Act of 1964, as amended.</p> | | | |
| <input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures. | | NOTARY - (When necessary for State and Local Requirements) | |
| | | I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. | |
| I declare under penalty of perjury that the foregoing is true and correct. <u>Kathy Koch</u> <u>6/28/98</u> | | SIGNATURE OF COMPLAINTANT <u>Kathy Koch</u> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, Month, and year) | |
| Date <u>6/28/98</u> Charging Party (Signature) | | RESPONDENT'S COPY | |

EEOC FORM 5 (Rev. 06/92)

EEOC 00043

EEOC-000043

| CHARGE F.D. CRIMINATION | | AGE ¹ | CHARGE NUMBER |
|---|--|--|--|
| This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form. | | <input type="checkbox"/> FERCA <input checked="" type="checkbox"/> EEOC | 120980900 |
| <u>MD. Commission on Human Relations</u> and EEOC State or local Agency, if any | | | |
| NAME (Indicate Mr., Ms., Mrs.) Mrs. Kathy C. Koch | | HOME TELEPHONE (Include Area Code) (301) 596-1011 | |
| STREET ADDRESS 6172 Devon Drive, Columbia, MD 21044 | | CITY, STATE AND ZIP CODE DATE OF BIRTH 04/18/47 | |
| NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.) | | | |
| NAME L A Weight Loss Centers | | NUMBER OF EMPLOYEES, MEMBERS Cat D (501 +) | TELEPHONE (Include Area Code) (215) 328-9250 |
| STREET ADDRESS 255 Business Center Drive, Suite 150, Horsham, PA 19044 | | CITY, STATE AND ZIP CODE COUNTY 091 | |
| NAME | | TELEPHONE NUMBER (Include Area Code) | |
| STREET ADDRESS | | CITY, STATE AND ZIP CODE COUNTY | |
| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) | | | |
| <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify) | | DATE DISCRIMINATION TOOK PLACE EARLIEST LATEST 10/24/97 03/12/98 <input type="checkbox"/> CONTINUING ACTION | |
| THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)): | | | |
| <p>I. I was hired as an Area Corporate Trainer on October 17, 1997, and because I complained that about the employer's failure to hire qualified male applicants, I was disciplined (March 06, 1998) and discharged (March 12, 1998).</p> <p>II. I was informed that I was disciplined because of ineffective training. No reason was given for the discharge.</p> <p>III. I believe that I have been discriminated against, because of retaliation for opposing a protected activity, in violation of Section 704(a) of Title VII of the Civil Rights Act of 1964, as amended.</p> | | | |
| RECEIVED BALTO. DIST. OFFICE EEOC 1998 JUN -8 A 10 13 | | | |
| <input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures. I declare, under penalty of perjury that the foregoing is true and correct. | | NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. | |
|  Date: EEOC FORM 5 (Rev. 06/92) | | SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year) | |
| RESPONDENT'S COPY | | | |

EEOC 00044

EEOC-000044